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Examiner: My Chau T. Tran

Art Unit: 1639

Fax No.: 571-273-8300

USPN: 10/606,201

Filed: 06/25/2003

Inventor(s): Tammy Burd Mehta, et al.

Title: Manipulation of Microparticles in
Microfluidic Systems

Document(s): Transmittal (1 pg)

Petition for Revival in dup. (4 pgs)

Response (12 pgs)

Total Pages, (Incl.

Certificate): 18

Faxed on: Monday, April 09, 2007


Signature

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PTO/SB/21 (08-08)

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TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

17

Application Number	10/606,201
Filing Date	08/26/2003
First Named Inventor	Tammy Burd Mehts
Art Unit	1638
Examiner Name	My Chau T. Tran
Attorney Docket Number	100/05231

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input checked="" type="checkbox"/> Petition for revival 37 CFR 1.137(b) <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks Please charge Deposit Account No. 03-0177 for any additional fees associated with this paper or during pendency of this application.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Caliper Life Sciences, Inc.		
Signature	<i>Ann C. Petersen</i>		
Printed name	Ann C. Petersen		
Date	4/9/07	Reg. No.	55,636

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Signature	<i>Ann C. Petersen</i>		
Typed or printed name	Ann C. Petersen	Date	4/9/07

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